

MBE/DBE/WBE On-Site Review

Prime Contractor		Federal Aid Number
Subcontractor		Contract Number
Project Engineer	Region	<input type="checkbox"/> MBE <input type="checkbox"/> DBE <input type="checkbox"/> WBE

1. Per the condition of award, indicate M/D/WBE work observed this date (Note partial items)

Bid Item Number	Approximate % Complete	Item Description (Note partial items)	Dollar Amount

2. M/D/WBE Subcontractor's Start Date		3. WSDOT Contract Percent Complete		4. Anticipated Completion Date	
5. Subcontractor's <input type="checkbox"/> Site Superintendent <input type="checkbox"/> Foreman (Name)			6. Exclusively Employed by the M/D/WBE Contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6a. If No, Please Explain					
7. Is Superintendent / Foreman Shown on M/D/WB Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No			8. Is Superintendent/Foreman Shown on any other On-Site Contractor's Payroll? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8a. If yes, Please Explain					
9. If Known, to Whom does the M/D/WBE's Superintendent/Foreman Directly Report to Within His/Her Own Organization? Name _____ Title _____					
10. List Names and Crafts of M/D/WBE's Crew as Observed (Use additional sheets, if needed).					
11. Are any Crew Members on the Prime or any other Project Subcontractor's Payroll(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No				11a. If yes, Please Indicate	
12. List M/D/WBE's Major (Self-Propelled) Equipment Used					
13. Does Equipment have M/D/WBE's Markings or Emblems? <input type="checkbox"/> Yes <input type="checkbox"/> No		13a. If No, Please Indicate		14. Equipment <input type="checkbox"/> Owned <input type="checkbox"/> Leased	
15. Has any other Contractor Performed, on behalf of the M/D/WBE, Substantial Amount of Work Designated to be M/D/WBE? <input type="checkbox"/> Yes <input type="checkbox"/> No				15a. If Yes, Please Explain	
16. Has the M/D/WBE Owner been present on the Job Site? <input type="checkbox"/> Yes <input type="checkbox"/> No				What % _____	
17. Are Personnel and Equipment Under Direct Supervision of the M/D/WBE Subcontractor? <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Does the M/D/WBE Subcontractor Appear to have Control over Methods of Work in its items? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Comments					

Note: Attach any documents pertinent to the review, i.e., Invoices, Photographs, Daily Reports, Correspondence, etc.

Review Conducted By _____ Date of This Review _____

Instructions

The M/D/WBE On-Site Reivew should be completed for every M/D/WBE condition of award.

The On-Site Review should be completed during the peak period of the M/D/WBE's work and/or whenever changes on the performance of the work warrants its completion.

If a recognized M/D/WBE is employed on the project, but not listed on the condition of award, conduct an On-Site Review.

If by substitution or change order, a condition of award M/D/WBE is replaced by another M/D/WBE, an On-Site Review should be completed on the new M/D/WBE.

The review should be completed per on-site observation, documentation review, and interviews with contractor's personnel.

Response to questions on the On-Site Review form should be completed as thoroughly as possible. Additional sheets should be used, if needed.

The On-Site Review should be completed by the Project Engineer, or his/her designee.

Headquarter's copy should be forwarded as soon as it is competed.

Headquarters Use Only	